

Emerging Drug Trends in Arizona

Looking at Arizona's Evolving Drug Trends

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Center for Rural Health

Comprehensive Center
for Pain & Addiction

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LAND ACKNOWLEDGEMENT

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. The University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

More information below: <https://storymaps.arcgis.com/stories/913da25f6c3d46658690c3800bfef48e>



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MISSION

The **Arizona Center for Rural Health** (AzCRH) core mission is to improve the health and wellness of Arizona's rural and underserved populations.



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We are an innovative, diverse team of experts reimagining and transforming health care for pain and addiction.

Disclosure and Disclaimer

Disclosure: Bianca, and Raymond, have no financial disclosures to report.

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Learning Objectives

- Identify at least three specific classes of emerging drugs (e.g., nitazenes, novel benzodiazepines, and synthetic cathinones).
- Recognize common street names and marketing tactics used for these substances.
- Explain why the mixing of opioids (fentanyl mixed with xylazine) poses a unique challenge to standard overdose reversal protocols.



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Recognition

We pause to recognize all the people who have lost their lives due to accidental poisoning, substance use, misuse, and addiction and their families and communities. In 2023, 105,000 people died from a drug overdose in the United States. The death rate nearly quadrupled between 2003 and 2022. ***We are beginning to see these rates decrease.***^{1,2}

We continue to work to develop and implement evidence-based solutions for current and future generations. We recognize more than **29.0 million adults who perceived that they ever had a substance use problem, 72.2% (or 20.9 million) consider themselves in recovery or recovered.**^{1,2}

Prevention, harm reduction, treatment, and recovery works!



Arizona Border

Proximity to the border

The Gateway:

Arizona is close to the border making it a primary hub for fentanyl and methamphetamine distribution.

Law enforcement agencies in Arizona have consistently seized roughly **50% of all fentanyl pills** confiscated nationwide over the last three years.



Prevalence

What are the trends?

- While the United States saw a **21% overall decline** in overdose deaths for the 12-month period ending September 2025, Arizona experienced a **17% increase**, making it one of only five states with rising fatalities (Arizona Capitol Times, 2026).
- From September 2024 to September 2025, Arizona saw a **17% increase** in overdose deaths.
- **Fentanyl:** Reported fentanyl overdose deaths in AZ increased by **30%** in 2025, while falling 31% nationally.

Prevalence

What are the trends?

- Fentanyl is still involved in over **74%** of non-fatal opioid overdose events in Arizona
- **Counterfeit Pills:** The "M30" blue pills remain the main source.
- In Pima County, the average price of an illicitly manufactured pill has dropped to as low as **\$0.30**.
- **Most at risk:** Males and individuals aged **25–44** continue to show the highest rates of overdose

Fentanyl is the Primary Driver of Overdose Deaths

- Approximately 60% of all drug deaths involve fentanyl.
- Fentanyl is now the deadliest drug in Arizona especially when combined with other substances (alcohol, stimulants, etc.)
- Frequently found in counterfeit pills disguised as prescription medications.

Arizona Drug and Alcohol Statistics. World Forum for Mental Health. Updated August 14, 2025. Accessed March 11, 2026.
wfmh.org/stats/arizona-drug-alcohol-statistics

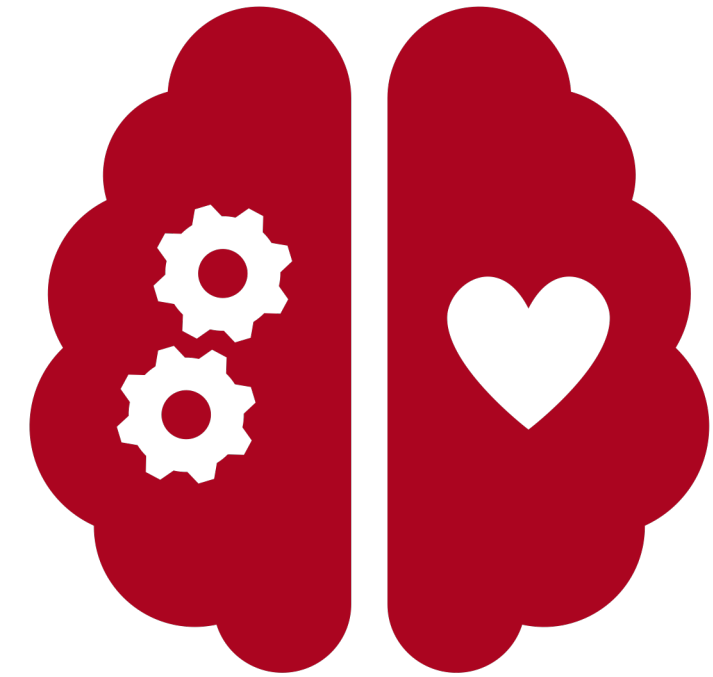


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Polysubstance Use in Arizona

- Polysubstance use is the use of two or more substances simultaneously or sequentially.
- Polysubstance use can occur intentionally or unknowingly.
- Overdoses often involve combinations of opioids, alcohol, stimulants, benzodiazepines, or synthetic drugs.



Polysubstance Use in Arizona

- In 2023, about 49.7% of non-fatal opioid overdoses involved more than one drug
- Fentanyl with methamphetamine or amphetamines was the most common combination
- This trend is sometimes referred to as “speedballing” or stimulant-opioid co-use

Prepared by Lubaba T. Opioid Overdoses Surveillance Report, Arizona, 2023. April 2025. Accessed March 11, 2025.
<https://www.azdhs.gov/opioid/documents/opioid-report-2023.pdf>



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Prevalence

What are the trends?

County	Fatal Overdose Rate (per 100k)	Non-Fatal Overdose Rate (per 100k)	Primary Substances Involved
Apache	63.0	19.2	Fentanyl, Alcohol
Navajo	51.3	48.1	Fentanyl, Meth
Pima	44.4	56.1	Fentanyl (\$0.30/pill), Meth
Gila	44.4	52.3	Fentanyl, Rx Opioids
Mohave	37.1	45.0	Meth, Fentanyl
Maricopa	35.4	124.2	Fentanyl, Polysubstance
Cochise	33.7	38.4	Fentanyl, Heroin
Yavapai	28.1	31.0	Meth, Rx Opioids
Yuma	21.0	25.5	Fentanyl, Cocaine

Emerging Trends

Rising Threats

- Besides fentanyl, the drug supply in Arizona is increasingly contaminated with **xylazine** and high-potency synthetic opioids like **nitazenes**, which are harder to detect and often resistant to standard overdose reversal protocols.



Emerging Trends

Rising Threats

- **Xylazine ("Tranq")**: A veterinary sedative increasingly found in the fentanyl supply. **It does not respond to Naloxone.**
Symptoms: Causes severe skin ulcers and heavy sedation.
- **Nitazenes ("Frankenstein Opioids")**: A class of synthetic opioids appearing in AZ that can be up to **100x more potent than fentanyl.**
- **Medetomidine**: A newer, even more powerful veterinary anesthetic recently detected in the Western US supply.

Overdose reversal protocols

The challenge

Xylazine, is not an opioid, Naloxone will not reverse its effects. If you administer it and the person doesn't wake up, it doesn't mean the it didn't work, it may mean the xylazine is still keeping their central nervous system down.

Nitazenes are often called Frankenstein Opioids, they often require **multiple doses of Naloxone** (sometimes 3 or 4 doses) just to restore basic breathing.

Emerging Trends

Naloxone response

Substance	Type	Effect on Reversal	Key Arizona Context
Xylazine	Non-opioid Sedative	Resistant to Naloxone. Requires rescue breathing/oxygen.	Detected in an increasing number of Maricopa and Pima county toxicology reports as of 2025.
Nitazenes	Ultra-potent Synthetic Opioid	Naloxone-responsive, but usually requires significantly higher doses.	Emerging in the Southwest; harder to detect than standard fentanyl.



Reflection

When an illicit M30 pill costs only \$0.30—less than a single dose of over-the-counter pain relief—how can our prevention messaging compete with that level of accessibility?

Emerging Trends

Rising Threats

- **Tianeptine ("Gas Station Heroin"):** An antidepressant/opioid often sold in convenience stores as a "cognitive enhancer."
- **Synthetic Benzodiazepines:** Counterfeit Xanax and Valium (e.g., Bromazolam) are increasingly used to "cut" other drugs, complicating medical treatment.
- **Youth Trends:** A shift in Gen Z toward cannabis, psilocybin, and ketamine, though counterfeit pills remain a high risk for accidental poisoning.



Common street names and marketing tactics

Substance Class	Common Street/Brand Names	Marketing & Distribution Tactics
Nitazenes	"Isoton," "Pro-ton," "Yellow-M30," "Frankenstein Opioids"	Often pressed into counterfeit oxycodone (M30) or pressed into Xanax bars . Marketed on the "dark web" as a potent fentanyl alternative.
Xylazine (Tranq)	"Tranq-Dope," "Sleep-Cut," "Zombie Drug," "Anesthesia"	Marketed as a way to " lengthen the high " of fentanyl. Distributed primarily as a white, tan, or purple powder mixed into the opioid supply.
Novel Benzodiazepines	"Hulk Bars" (Green), "Yellow Busses," "Stickies," "Liquid Xan"	Frequently sold as pressed pills that look identical to pharmaceutical grade, but contain unregulated analogs like Flualprazolam or Etizolam.
Synthetic Cathinones	"Bath Salts," "Flakka," "Monkey Dust," "Molly" (misidentified)	Often sold as colorful crystals or powders . Sometimes marketed as "jewelry cleaner" or "plant food" to bypass traditional legal detection.

Risky Situations

What puts you at higher risk?

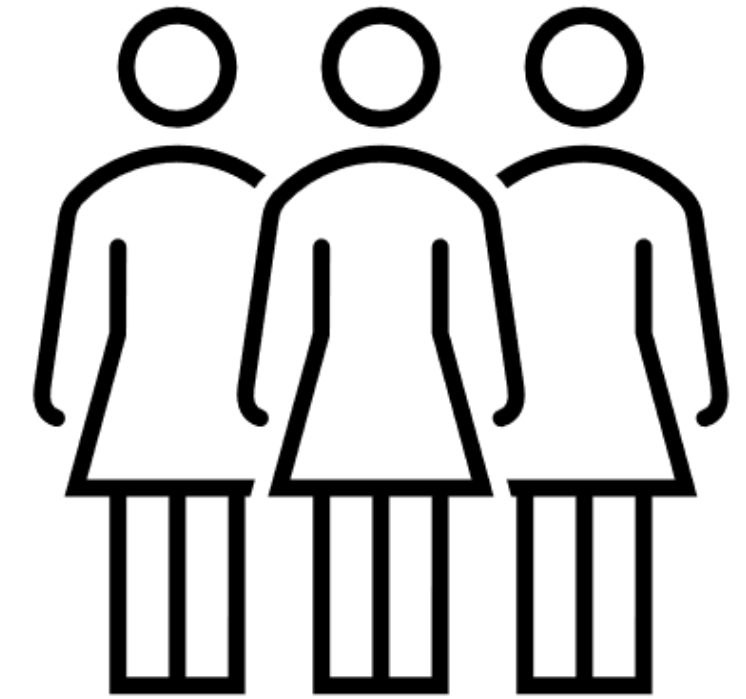
- **Using alone, mixing** substances “polysubstance use,” (especially alcohol or benzos).
- **Using after a period of abstinence** (lower tolerance).
- **The Power of Potency:** The rise of synthetic opioids like fentanyl has made doses unpredictable.
- **Prevention Tip:** Never use alone; use fentanyl test strips.

Stigma in Culture & Language

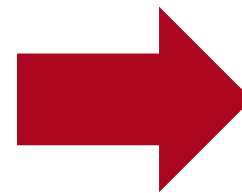
How everyday language shapes safety and support

Language and tone matter.

How we talk about people matters.



"Substance Abuser"



"A person with a
substance use disorder"

Overdose Awareness in Workplace Settings

Shifting the focus: safety and preparedness

- Overdose can occur in many environments, including workplaces
- Today's drug supply is unpredictable
- People may be navigating pain, health conditions, or stress alongside work

Overdose awareness is a safety issue

- Similar to CPR, first aid, or AED preparedness
- Focused on harm reduction, not discipline

Why awareness matters

- Helps people recognize an emergency
- Supports timely, appropriate response
- Reduces harm and saves lives

Public health guidance:

- CDC's Overdose Prevention
- National Institute for Occupational Safety and Health's Naloxone to Reverse Opioid Overdose in the Workplace



Recognizing Overdose and Responding with Care

An overdose is a medical emergency.

Your role is to:

- Recognize the emergency
- Call for help immediately
- Respond with care

About naloxone

- Reverses opioid overdoses by restoring breathing
- Safe, not addictive
- Has no effect if opioids are not present

Access & guidance

- Available over the counter in many states, including Arizona
- Clear public health guidance exists for safe use

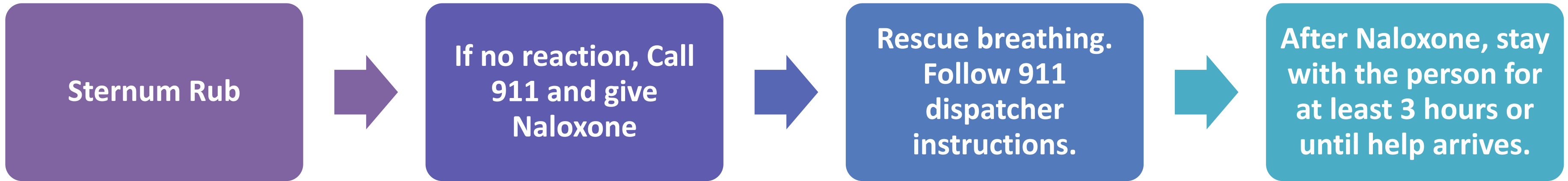
Signs of an Opioid Overdose

1. **Unable to wake up**
2. **Unresponsive to stimuli**
3. **Change in skin, lip or nail-bed color**
 - Light/medium complexions → blue or very pale lips, gums or fingernails
 - Brown/Black complexions → gray, ashen or whitish lips, gums, nail-beds or inner eyelids
4. **Very limp body**
5. **Slow heartbeat**
6. **Slow/irregular breathing or absent**
7. **Choking, gurgling sound**
8. **Pinpoint**

**check the inside of the lower lip, tongue, nail-beds and conjunctiva if skin tone makes color-change hard to see*



Steps to Take if You Suspect an Overdose



How to Administer Naloxone

Home > Departments > Health & Social Services > Prevention Services Division > Overdose Prevention Program

Overdose Prevention Program



Scan this QR code with your phone to visit Cochise County AZ website.

QR Code link: <https://www.cochise.az.gov/725/Overdose-Prevention-Program>

Available in English and Spanish

Possible Effects of Naloxone

- The person may become irritated and react
- Give them space if needed
- Can cause an opioid withdrawal
- Fatigue
- Fever/sweating
- Loss of bowel/bladder function
- Upset stomach/vomiting
- Confusion, disorientation
- Increased heartrate/breathing
- Pain/aches





Solutions

What Can Be Done?

Expand Drug checking by distributing test strips that identify both Fentanyl and Xylazine.

Focus mortality-prevention efforts on the 35–44 age demographic, while focusing non-fatal intervention and education on the 25–34 group.

Increase Naloxone in high-mortality rural counties to compensate for longer EMS response times.

Prioritize resources on high-mortality rural zones and the 35–44 age demographic

Move the conversation beyond "just fentanyl" to include Meth, Xylazine, and Nitazenes

Naloxone Resources

State-Wide/National

State-Wide Resources

- **Sonoran Prevention Works** – spwaz.org
 - Naloxone **pick-up locations** available at SPW sites.
- **Arizona Department of Health Services (ADHS)** – azdhs.gov
 - Provides **free naloxone** to organizations and agencies.
 - Become a **naloxone distributor** by filling out this [form](#).
- **Substance Abuse Coalition Leaders of Arizona** – naloxoneaz.com
 - Interactive resource listing **naloxone access locations** across Arizona.

Pharmacy Access (Statewide)

- **Walgreens Pharmacy** – walgreens.com
 - Naloxone **available without a prescription**. Call ahead to confirm availability.
- **CVS Pharmacy** – cvs.com
 - Naloxone **dispensed without a prescription**. Check with your local store for stock availability.

National Resources

- **NEXT Distro** – nextdistro.org
 - Provides **mail-order naloxone** to rural and underserved Arizona residents.
- **National Harm Reduction Coalition** – harmreduction.org
 - Offers a **naloxone Finder** to locate nearby naloxone distribution points.

After an Overdose

- Be supportive, **ask open ended questions** (ex: How would you like things to be different?)
- Show them you are **listening**.
- **Locate a treatment center** where they can get help.
- Help them **find support** (groups, peer support, and others).
- Let them know that **asking for help is ok**.
- Follow-up and **check on them**.
- Make sure to **do some self-care**. Administering naloxone can be an upsetting situation. Take a moment for yourself.



Scan this QR code with your phone for a guide to self-care after an overdose response. It includes stress management, peer support and mental health resources for resilience.

QR Code/ Resource URL: https://crh.arizona.edu/sites/default/files/2024-11/241112_CHW-after-care-resources-spread.pdf

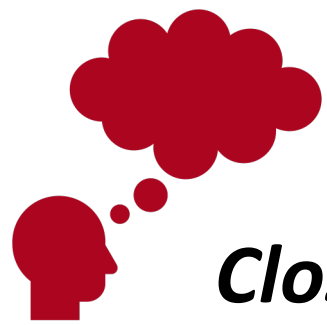
Key Take Aways

1. Arizona is an anomaly in the National Trend .The synthetic supply in the Southwest border region remains accessible and affordable.

2. From "Opioid-Only" to "Synthetic Cocktails." A polydrug era has emerged where synthetic opioids are frequently mixed with stimulants (methamphetamine) and non-opioid sedatives.

3. The Rise of Xylazine & Nitazenes. The emergence of **Xylazine** and **Nitazenes** require modified overdose responses, making higher overdose risk.

4. The Rural-Urban divide. Counties like **Apache and Navajo** have higher *mortality rates due to* the lack of immediate access to Naloxone and emergency services in remote areas.



Closing Discussion

If we could place a Naloxone kit and a Fentanyl/Xylazine test strip in every household in Arizona tomorrow, what is the 1 barrier—besides funding—that would prevent people from using them?

Evaluation

Thank you for participating in today's training provided by the Arizona Center for Rural Health and the Comprehensive Center for Pain & Addiction.

We invite you to answer these questions to help us understand how this information will be used and ways we can improve.

Text-to-speech functionality is OFF but can be turned ON by participants



<https://redcap.uahs.arizona.edu/surveys/?s=CX3X8DPX97Y9DCPM>

Thank you!

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